REQUEST FOR QUORATIONS (RFQ) FOR DATA MIGRATION SERVICES FOR YES PREP PUBLIC SCHOOLS

YES Prep Public Schools is seeking the professional services of a qualified firm to provide DATA MIGRATION SERVICES. Quotations based on the project and timeline must be received no later than 2:00PM Thursday July 29, 2021 at 5515 South Loop E FWY STE B, Houston, TX, 77033.

The Scope of Services to be performed by the contractor selected for the Projects includes but not limited to:

- Attached

Do Not Fax Proposals. Proposals, one (1) original and one (1) digital copies (USB or external hard drive), will be received by the District at the address shown below until 2:00PM Thursday July 29, 2021. in time for delivery before the closing date or can emailed to ricardoa.rivera@yesprep.org

Attn: Rivera, Ricardo, Director of Business Intelligence

YES Prep Public Schools

5515 South Loop E FWY STE B,

Houston, TX, 77033 Ph: +1 (713) 967-8467

Email: ricardoa.rivera@yesprep.org

Respondents are not permitted to contact (by means of any communication) YES Prep staff or other persons affiliated with) YES Prep for any reason before, during, or after the selection process. Any or all contacts shall be only for the express purpose of clarifying the specifics of the RFQ and shall be directed to the name and address mentioned above.

All vendors must provide all information requested including the profiles of the people involved in the project, a technical approach, security requirements, operability, and accessibility. In addition, all vendors must include an IT portfolio, Education Experience, Cloud Implementation Expertise, an implementation plan, and references.

SELECTION PROCESS

YES Prep reserves the right to reject any or all quotations submittals without the necessity of stating any reason therefore.

A selection committee will be established by YES Prep to review, evaluate the qualifications submitted and rank the qualifications based upon the submittals based upon the following criteria:

40% Cost Total Cost to YES PREP

15% Education Project Experience:

15% Proposed Personnel & Available Resources to Complete Project (s):

15% References of the Firm

15% Meeting District's Overall Needs

100 - Total Score

SCORING MATRIX

40% Cost Total Cost to YES PREP

15% Education Project Experience:

- Provide a list of five most recent local projects on which your firm has provided for same or similar services.

15% Proposed Personnel & Available Resources to Complete Project (s):

- These criteria would include the analytical, design tools, personnel, resources, or methodologies commonly used by the firm that may be applicable to the projects.

15% References of the Firm

- Complete form in the attachment package and provide names and contact information for professional references.

15% Meeting District's Overall Needs

technical approach, security requirements, operability, and accessibility

100 - Total Score



REFERENCE FORM

Please list a minimum of two references of agencies (governments, charter schools or ISDs) that have used your services. We would prefer some of the references to be new customers in the last year, and Texas agencies are preferred:

i- Company Name	
•	
	City:
	E-mail
Telephone Number:	
2- Company Name:	
Contact Person:	Title:
Address:	City:
State/Zip Code:	E-mail
Telephone Number:	
3- Company Name:	
Contact Person:	Title:
Address:	City:
State/Zip Code:	E-mail
Telephone Number:	
4- Company Name:	
	Title:
Telephone Number:	

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity			
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY		
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).	Date Received		
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.			
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.			
Name of vendor who has a business relationship with local governmental entity.			
Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)			
Name of local government officer about whom the information is being disclosed.			
Name of Officer			
Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor? Yes No B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity? Yes No			
other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.			
Check this box if the vendor has given the local government officer or a family member as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			
7			
Signature of vendor doing business with the governmental entity	ate		

WORKERS' COMPENSATION CERTIFICATE

YES requires Vendor to provide workers' compensation as per state law requirements. The Vendor shall sign and submit the following certificate with the written proposal:

- Minimum Workers' Compensation and Employer's Liability Limits
- o Each Accident \$1,000,000
- o Disease Each Employee \$1,000,000
- o Disease Policy Limit \$1,000,000

Vendor Name

Signature of Authorized Agent

Date Signed

Note: Vendor may attach current certificate of coverage with a signed statement that if awarded the contract, they will obtain said aforementioned coverage if the current coverage does not meet the stated minimum requirements.

INSURANCE COVERAGE REQUIREMENTS

General and Excess Liability Minimum Coverages

- General Liability: \$1,000,000
- Deductibles, of any type, are the responsibility of the vendor/contractor.

Vendor Name

Signature of Authorized Agent

Date Signed

YES will be named as Additional Insured on the Certificate of Insurance if the Vendor is awarded a contract.

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony".

Subsection (b) states a "public school" may terminate a contract with a person or business entity if the "public school" determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The "public school" must compensate the person or business entity for services performed before the termination of the contract".

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR'S NAME:

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL:

AUTHORIZED COMPANY OFFICIAL'S NAME (PLEASE PRINT):

My firm is a publicly held corporation; therefore, this reporting requirement is not blicable.
My firm is not owned or operated by anyone who has been convicted of a felony.
My firm is owned or operated by the following individual(s) who has/have been nvicted of a felony:

AFFIDAVIT OF NON-DISCRIMINATORY EMPLOYMENT

This company, contractor, or subcontractor agrees to refrain from discrimination in terms and conditions of employment on the basis of race, color, religion, sex, or national origin, and agrees to take affirmative action as required by Federal Statutes and rules and regulations issued pursuant thereto in order to maintain and insure non-discriminatory employment practices.

C: 1	1 12	D : 1
Signature of Authorized Rep	presentative:	Printed Name & Title:

NON-DISCRIMINATION STATEMENT

The undersigned certifies that he/she will not discriminate against any employee or applicant for employment or in the selection of subcontractors because of race, color, age, religion, gender, national origin or disability. The undersigned shall also take action to ensure that applicants are employed, and treated during employment, without regard to their race, color, religion, gender, age, national origin or disability. Such action shall include, but shall not be limited to, the following: employment, upgrading or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other compensation and selection for training, including apprenticeship.

Name/Title:	
(Type or Print) Signature:	Date:
Company/Firm Name:	
(Type or Print) Address:	
Telephone Number:	

NON-COLLUSION CERTIFICATION

The undersigned affirms that he or she is duly authorized to execute this questionnaire, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other person, firm or entity making or considering making a proposal to YES Prep for any of the future District projects, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

The foregoing is true and correct. YES Prep, or any authorized representative of YES Prep, is authorized by the undersigned to contact any firm, institution or person listed above obtain information which YES Prep might determine as being desirable.

Firm:	
Address:	
City/State/Zip:	
Telephone Number:	
Fax Number:	
rax Number.	
Email/Website:	
,	
Signature:	
Typed/Printed Name:	
D 4	
Date:	

SUSPENSION OR DEBARMENT CERTIFICATION

Federal Law (A-102 Common Rule and OMB Circular A-110) prohibits non-federal entities from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred.

YES Prep does not do business with parties that have been suspended or debarred.

Firms receiving individual awards and all sub-recipients must certify that their organization and its principals are not suspended or debarred by a federal agency.

By signing below:

- I certify that the contracted/organizations and its principals listed below are not suspended or debarred.
- I further certify that I will inform YES Prep of any change in status within three (3) business days.

Vendor Business Name:	
Vendor Address:	
Vendor Telephone:	
Vendor Email/Website:	
Authorized Vendor/Company Officials Name	
	Printed
Signature of Company Official	Date